

**Vermont Health Connect**  
**Plan Designs & Monthly Premiums**

**For a glossary of health insurance terms visit:**

[http://healthconnect.vermont.gov/about\\_us/glossary](http://healthconnect.vermont.gov/about_us/glossary)

**Note:** Most Vermonters who use Vermont Health Connect will get financial help to reduce their costs, either from their employer or a tax credit.

| Deductible/Out of Pocket Maximum                  | Standard Plans                     |                                    |                                    |                                    |   |                                    | Non-Standard Plans (Choice Plans)  |  |                                    |                                    |                                    |                                    |
|---|------------------------------------|------------------------------------|------------------------------------|------------------------------------|---|------------------------------------|--|--|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
|   | Deductible Plans                   |                                    |                                    |                                    | High Deductible Health Plans<br>Can be paired with a Health Savings Account |                                    | BCBS   |  |                                    | MVP                                |                                    |                                    |
|   | Platinum                           | Gold                               | Silver                             | Bronze                             | Silver  | Bronze                             | Gold   | Silver   | Bronze                             | Gold                               | Silver                             | Bronze                             |
|   |                                    |                                    |                                    |                                    |   |                                    | Blue for You   | Blue for You   | Blue for You CDHP                  | HMO 500                            | HMO 1700                           | HMO 3000                           |
| Medical Deductible (Individual/Family)            | \$150/\$300                        | \$750/\$1500                       | \$1900/\$3800                      | \$3500/\$7000                      | \$1550/\$3100   | \$2000/\$4000                      | \$1250/\$2500  | \$2000/\$4000  | \$5000/\$10000                     | \$500/\$1000                       | \$1700/\$3400                      | \$3000/\$6000                      |
| Rx Deductible                                     | \$0                                | \$50/\$100                         | \$100/\$200                        | \$200/\$400                        | \$1250/\$2500   | \$1250/\$2500                      | N/A  | N/A  | N/A                                | \$75/\$150                         | \$200/\$400                        | \$200/\$400                        |
| Integrated Deductible                             | No                                 | No                                 | No                                 | No                                 | Yes   | Yes                                | Yes  | Yes  | Yes                                | No                                 | No                                 | No                                 |
| Medical Out of Pocket Maximum (Individual/Family) | \$1250/\$2500                      | \$4250/\$8500                      | \$5100/\$10,200                    | \$6350/\$12,700                    | \$5750/\$11,500   | \$6250/12,500                      | \$4250/\$8500  | \$6250/\$12500   | \$6250/\$12500                     | \$5100/\$10200                     | \$5100/\$10200                     | \$6350/\$12700                     |
| Rx Out of Pocket Maximum (Individual/Family)      | \$1250/\$2500                      | \$1250/\$2500                      | \$1250/\$2500                      | \$1250/\$2500                      | \$1250/\$2500   | \$1250/\$2500                      | \$1250/\$2500  | \$1250/\$2500  | \$1250/\$2500                      | \$1250/\$2500                      | \$1250/\$2500                      | \$1250/\$2500                      |
| Integrated Out of Pocket Maximum                  | No                                 | No                                 | No                                 | Yes                                | Yes   | Yes                                | Yes  | Yes  | Yes                                | No                                 | No                                 | Yes                                |
| Family Deductible/Out of Pocket Maximum           | Stacked, 2x Individual             | Stacked, 2x Individual             | Stacked, 2x Individual             | Stacked, 2x Individual             | Aggregate, 2x Individual  | Aggregate, 2x Individual           | Aggregate, 2x Individual   | Aggregate, 2x Individual   | Aggregate, 2x Individual           | Stacked, 2x Individual             | Stacked, 2x Individual             | Stacked, 2x Individual             |
| Medical Deductible <sup>1</sup> waived for:       | Prev, OV, UC, Amb, ER              | Prev, OV, UC, Amb, ER              | Prev, OV, UC, Amb                  | Preventive                         | Preventive  | Preventive                         | Preventive, 3 PCP/MH OV  | Preventive, 3 PCP/MH OV  | Preventive                         | Preventive, OV's, Urgent Care, Amb | Preventive, OV's, Urgent Care, Amb | Preventive                         |
| Drug Deductible waived for:                       | N/A                                | Generic scripts                    | Generic scripts                    | Applies to all scripts             | Wellness scripts  | Wellness scripts                   | N/A  | N/A  | Wellness Drugs                     | VBID, Generic Drugs                | VBID, Generic Drugs                | N/A                                |
| <b>Service Category (Examples)</b>                | <b>Coinsurance (%) /Copay (\$)</b> | <b>Coinsurance (%) /Copay (\$)</b> | <b>Coinsurance (%) /Copay (\$)</b> | <b>Coinsurance (%) /Copay (\$)</b> | <b>Coinsurance (%) /Copay (\$)</b>  | <b>Coinsurance (%) /Copay (\$)</b> | <b>Coinsurance (%) /Copay (\$)</b>   | <b>Coinsurance (%) / Copay (\$)</b>  | <b>Coinsurance (%) /Copay (\$)</b> | <b>Coinsurance (%) /Copay (\$)</b> | <b>Coinsurance (%) /Copay (\$)</b> | <b>Coinsurance (%) /Copay (\$)</b> |
| Hospital Services <sup>2</sup>                    | 10%                                | 20%                                | 40%                                | 50%                                | 20%   | 50%                                | \$500  | \$1,750  | 50%                                | 20%                                | 50%                                | 50%                                |
| Emergency Room <sup>3</sup>                       | \$100                              | \$150                              | \$250                              | 50%                                | 20%   | 50%                                | \$250  | \$250  | 50%                                | 20%                                | \$400                              | 50%                                |
| Preventive  | \$0                                | \$0                                | \$0                                | \$0                                | 0%  | 0%                                 | \$0  | \$0  | \$0                                | \$0                                | \$0                                | \$0                                |
| Office visit w/PCP or Mental Health               | \$10                               | \$15                               | \$20                               | \$35                               | 10%   | 50%                                | Combined 3 visits PCP/MH with no cost share; then deductible applies with \$20 copay | Combined 3 visits PCP/MH with no cost share; then deductible applies with \$30 copay | 50%                                | \$5                                | \$10                               | \$30                               |
| Specialist Office Visit <sup>4</sup>              | \$20                               | \$25                               | \$40                               | \$80                               | 20%   | 50%                                | \$30   | \$50   | 50%                                | \$30                               | \$40                               | \$100                              |
| Urgent Care                                       | \$40                               | \$45                               | \$60                               | \$100                              | 20%   | 50%                                | \$30   | \$50   | 50%                                | \$45                               | \$60                               | \$100                              |
| Ambulance   | \$50                               | \$50                               | \$100                              | \$100                              | 20%   | 50%                                | \$30   | \$50   | 50%                                | \$50                               | \$100                              | \$100                              |
| <b>Rx Drug Coverage</b>                           |                                    |                                    |                                    |                                    |   |                                    |  |  |                                    |                                    |                                    |                                    |
| VBID  | N/A                                | N/A                                | N/A                                | N/A                                | N/A   | N/A                                | N/A  | N/A  | N/A                                | \$1                                | \$3                                | \$3                                |
| Rx Generic  | \$5                                | \$5                                | \$12                               | \$20                               | \$10  | \$12                               | \$5  | \$5  | \$25                               | \$5                                | \$12                               | \$20                               |
| Rx Preferred Brand                                | \$40                               | \$40                               | \$50                               | \$80                               | \$40  | 40%                                | 40%  | 40%  | 40%                                | \$50                               | \$60                               | \$90                               |
| Rx Non-Preferred Brand                            | 50%                                | 50%                                | 50%                                | 60%                                | 50%   | 60%                                | 60%  | 60%  | 60%                                | 50%                                | 50%                                | 60%                                |
| <b>BCBSVT Premiums</b>                            |                                    |                                    |                                    |                                    |   |                                    | Blue for You   | Blue for You   | Blue for You CDHP                  |                                    |                                    |                                    |
| Single  | \$582.79                           | \$497.06                           | \$425.19                           | \$359.47                           | \$412.83  | \$362.34                           | \$460.37   | \$395.26   | \$341.15                           |                                    |                                    |                                    |
| Couple  | \$1,165.58                         | \$994.12                           | \$850.38                           | \$718.94                           | \$825.66  | \$724.68                           | \$920.74   | \$790.52   | \$682.30                           |                                    |                                    |                                    |
| Parent and Child(ren)                             | \$1,124.78                         | \$959.33                           | \$820.62                           | \$693.78                           | \$796.76  | \$699.32                           | \$888.51   | \$762.85   | \$658.42                           |                                    |                                    |                                    |
| Family  | \$1,637.64                         | \$1,396.74                         | \$1,194.78                         | \$1,010.11                         | \$1,160.05  | \$1,018.18                         | \$1,293.64   | \$1,110.68   | \$958.63                           |                                    |                                    |                                    |
| <b>MVP Premiums</b>                               |                                    |                                    |                                    |                                    |   |                                    |  |  |                                    | HMO 500                            | HMO 1700                           | HMO 3000                           |
| Single  | \$594.30                           | \$513.83                           | \$427.51                           | \$336.13                           | \$428.58  | \$366.22                           |  |  |                                    | \$521.59                           | \$419.17                           | \$341.95                           |
| Couple  | \$1,188.60                         | \$1,027.66                         | \$855.02                           | \$672.26                           | \$857.16  | \$732.44                           |  |  |                                    | \$1,043.18                         | \$838.34                           | \$683.90                           |
| Parent and Child(ren)                             | \$1,147.00                         | \$991.69                           | \$825.09                           | \$648.73                           | \$827.16  | \$706.80                           |  |  |                                    | \$1,006.67                         | \$809.00                           | \$659.96                           |
| Family  | \$1,669.98                         | \$1,443.86                         | \$1,201.30                         | \$944.53                           | \$1,204.31  | \$1,029.08                         |  |  |                                    | \$1,465.67                         | \$1,177.87                         | \$960.88                           |

**Abbreviations--** Rx: Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, VBID: Value-Based Insurance Directive

**Glossary--** Find definitions for Integrated Deductible/Out of Pocket Maximum (OOPM), Stacked Deductible/OOPM, Aggregate Deductible/OOPM, and other terms at [http://healthconnect.vermont.gov/about\\_us/glossary](http://healthconnect.vermont.gov/about_us/glossary)

<sup>1</sup> Medical Deductible waived for: Preventive, Office Visit, Urgent Care, Ambulance, Emergency Room (as indicated by plan)

<sup>2</sup> Hospital Services are Inpatient (including surgery, ICU/NICU, maternity, SNF and MH/SA); Outpatient (including ambulatory surgery centers); and Radiology (MRI, CT, PET). This cost sharing will also include physician and anesthesia costs, as appropriate.

<sup>3</sup> ER copay is waived if admitted.

<sup>4</sup> Specialist copay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.

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